

## IN THE UNITED STATES DISTRICT COURT

## FOR THE DISTRICT OF NEW MEXICO

STATE OF NEW MEXICO <i>ex rel.</i>	)	
State Engineer,	)	
	)	
Plaintiff,	)	69cv07941-BB
	)	
vs.	)	
	)	RIO CHAMA STREAM SYSTEM
	)	Section 7: Rito de Tierra Amarilla,
ROMAN ARAGON, <i>et al.</i> ,	)	Rio Brazos, Rutherford & Plaza Blanca,
	)	Cañones Creek, Village of Chama
Defendants.	)	
_____	)	

**CERTIFICATE OF SERVICE**

Edward G. Newville, attorney for the Plaintiff State of New Mexico, states that pursuant to Fed. R. Civ. P. 4(e)(1) and the New Mexico Rules of Civil Procedure 1-0004(E)(3) the following Defendants were served with the process in the above-captioned matter. Service was made by certified mail (restricted delivery) addressed to the named Defendants. A copy of the Defendant's signature receipt is attached as an exhibit hereto.

<u>Defendant</u>	<u>Subfile</u>	<u>Date of Signed Receipt</u>
Marcella Hanson	CHTA-003-0011 CHRB-005-0013	March 13, 2007
Gilbert Luna, Sr.	CHTA-003-0011 CHRB-005-0013	February 26, 2007
Salomon A. Luna	CHTA-003-0011 CHRB-005-0013	February 27, 2007
Chris R. Martinez	CHRB-004-0004B	April 1, 2006

Pauline Bustos                      CHRB-004-0004D      February 23, 2007

Date: April 17, 2007

Respectfully submitted,



EDWARD G. NEWVILLE  
Special Assistant Attorney General  
Office of the State Engineer  
P.O. Box 25102  
Santa Fe, NM 87504-5102  
(505) 867-7444  
(505) 867-2299 facsimile

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that on the 17 day of April, 2007, I filed the foregoing electronically through the CM/ECF system.



Edward G. Newville

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature X <i>Marcella Hanson</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Marcella Hanson <del>131488</del> La Joya Cir. La Mirada, CA 90630-1311 13148		B. Received by (Printed Name) MARCELLA HANSON	
RESTRICTED DELIVERY		C. Date of Delivery 3-13-07	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes	
2. Article Number (Transfer from service label) 7099 3220 0004 0767 5401 CHTA 003-0011 PS Form 3811, February 2004 Domestic Return Receipt CHRB 005-0013			

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature X <i>Gilbert Luna</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
Gilbert Luna, Sr. 544 Carlane SW Albuquerque, NM 87107 TRY CARLANE NW		B. Received by (Printed Name) 	
RESTRICTED DELIVERY		C. Date of Delivery 2-26-07	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes	
2. Article Number (Transfer from service label) 7099 3220 0005 9417 4473 CHTA 003-0011 PS Form 3811, February 2004 Domestic Return Receipt CHRB 005-0013			

EXHIBIT A

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature X <i>Salomon A. Luna</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
Salomon A. Luna P.O. Box 156 Tierra Amarilla, NM 87575		B. Received by (Printed Name)	C. Date of Delivery 2-27-07
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes	
2. Article Number (Transfer from service label) 7099 3220 0005 9424 3018		CHTA 003-0011 CHRB 005-0013	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature X <i>Chris Martinez</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:  Chris Martinez P.O. Box 271 Tierra Amarilla, NM 87575		B. Received by (Printed Name)	C. Date of Delivery 4-1-06
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes	
2. Article Number (Transfer from service label) 7099 3400 0019 5292 3324		CHRB 004-0004B	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature X <i>Pauline Bustos</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
Pauline Bustos P.O. Box 46 Santa Cruz, NM 87567		B. Received by (Printed Name) <i>Pauline Bustos</i> C. Date of Delivery <i>2/23/07</i>	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <i>NM 022728296</i>	
<b>RESTRICTED DELIVERY</b> <b>CHRB 004-0004 D</b>		3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes	
2. Article Number (Transfer from service label) <i>7099 3220 0005 9424 3001</i>			

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540